Under the Pa	aperwork Reduction Act of 199	5. no person are required to	U.S. Pate	ent and Traden	oved for use through nark Office; U.S. DE tion unless it display	06/30/2010. OM PARTMENT OF (COMMERCE	
3.15			respond to a collection of information unless it displays a valid OMB control number Complete if Known					
Fees pursuant to t	Effective on 12/08/200 he Consolidated Appropriati		Application Nu	- 1	10/541,500-Cd			
FEE TRANSMITTAL			Filing Date		July 7, 2005			
			First Named Inventor		Yasutaka Ogasawara			
For FY 2009			Examiner Name G		G. W. Li			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 24		2446	446		
TOTAL AMOUNT OF PAYMENT (\$) 180.00			Attorney Docket No. S		SON-3141	SON-3141		
METHOD OF	PAYMENT (check all	that apply)						
For the	count Deposit Account Num above-identified deposit narge fee(s) indicated be	account, the Director in account, the Director in account, the Director is	Depos s hereby authoriz	zed to: (che	e: Rader, Fishr ck all that apply) dicated below, e			
FEE CALCUL	e(s) under 37 CFR 1.16 -ATION	and 1.17			•			
	G, SEARCH, AND EXA	MINATION FEES						
Application Ty Utility		G FEES SE Small Entity Fee (\$) Fee (\$) 165 540			NATION FEES Small Entity Fee (\$) 110	<u>Fees Pai</u>	<u>d (\$)</u>	
Design	220	110 100		140	70			
Plant	220	110 330		170	85			
Reissue	330	165 540	270	650	325			
Provisional	220	110 0	0	0	0	• • •		
2. EXCESS CLA	AIM FEES					Sn	nall Entity	
Fee Description Each claim over	· 20 (including Reissues)				Fee (\$) 52	Fee (\$) 26	
Each independe Multiple depend	nt claim over 3 (includi lent claims	ng Reissues)				220 390	110 195	
Total Claims	Total Claims		Fee Paid (\$)		Multiple Dependent Claims			
	- or HP = x =				e (\$) Fee Paid (\$)			
HP = highest num	ber of total claims paid for, if g	reater than 20.						
Indep. Claims	Extra Claims	Fee (\$) F	ee Paid (\$)					
	or HP = x ber of independent claims paid							
listings und	N SIZE FEE tion and drawings excee er 37 CFR 1.52(e)), the action thereof. See 35 U	application size fee du	ie is \$270 (\$135	for small e	iled sequence or ntity) for each a	computer dditional 50		
Total Sheet	<u>Extra Sheets</u> - 100 =		(round up to a wh		_	<u>Fee Pa</u>	id (\$)	
4. OTHER FEE(S)			iole number)	^	Fees Pa	id (\$)	
_	Specification, \$130 fe ate filing surcharge): 1	•	,	<u>Disc</u> losure	Statement	180.	00	
SUBMITTED BY			•					
Signature	Mul		Registration No. (Attorney/Agent)	63,796 40,290	Telephone	(202) 955-3750		
Name (Print/Type)						Date December 30, 2009		